



2020 Plan Guide

Milwaukee

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value (PPO) H5521-195		Aetna Medicare Premier (PPO) H5521-150
Service Area	WI: Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha		WI: Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha
Monthly Plan Premium in addition to Part B Premium	\$0		\$26
Credited monthly to your Part B premium	\$0		\$0
PCP Referrals Required	N/A		N/A
Annual Maximum Out-of-Pocket (MOOP) Maximum amount you will pay for in-network services.	\$4,500		\$4,200
Annual Maximum Out-of-Pocket (MOOP) for in and out of network combined	\$8,500		\$8,500
Annual Deductible for Medical Services	\$0		\$0
Primary Care Physician (PCP)	\$0		\$0
Specialist	\$40		\$30
Inpatient Hospital	\$320 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days Plan covers unlimited hospital days.		\$280 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days Plan covers unlimited hospital days.
Outpatient Hospital Observation Services	\$40		\$35
Outpatient Surgery - Outpatient Hospital: Surgical services you get from a hospital.	\$400		\$300
Outpatient Surgery - Ambulatory Surgery Center (ASC): Care from standalone surgery facilities.	\$400		\$300
X-Rays and Diagnostic Radiology	X-Rays \$20 Diagnostic Radiology \$300		X-Rays \$20 Diagnostic Radiology \$200
Lab Services	\$10		\$5
Urgent Care Facility	\$65		\$65
Emergency Room	\$90		\$90
Worldwide Coverage (i.e. outside of the United States)	\$90 for emergency and urgent care worldwide		\$90 for emergency and urgent care worldwide
Vision Services - Routine Eye Exams	\$0 (one exam every year)		\$0 (one exam every year)
Vision Services - Contacts and Eyeglasses and upgrades	\$150 allowance* every year No network; member reimbursement		\$200 allowance* every year No network; member reimbursement

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Preventive Dental Services	\$525 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)		\$775 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)
Comprehensive Dental Services (Non-Medicare covered)	Allowance* included under preventive dental		Allowance* included under preventive dental
Dental Network	No network; member reimbursement		No network; member reimbursement
Hearing Services - Hearing Aids	Not Covered		\$500 (per ear) maximum benefit every year HCS network All hearing aids must be purchased through Hearing Care Solutions.
Hearing Services - Routine Hearing Exams	\$0 (one exam every year)		\$0 (one exam every year) All appointments must be scheduled through Hearing Care Solutions.

* allowance - member pays the provider and we pay member back. Plan coverage rules apply.

Additional Plan Information:

Benefits	Aetna Medicare Value (PPO) H5521-195		Aetna Medicare Premier (PPO) H5521-150
Additional Resources and Support	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.		Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.
Visitor/Traveler Program	Explorer: See an Aetna participating provider anywhere in the United States and pay in-network cost sharing.		Explorer: See an Aetna participating provider anywhere in the United States and pay in-network cost sharing.
Fitness Benefit	SilverSneakers		SilverSneakers
Post-hospital Meals	Our plan covers up to 14 home delivered meals over a 7 day period after an inpatient hospital discharge.		Our plan covers up to 14 home delivered meals over a 7 day period after an inpatient hospital discharge.
OTC	\$60 maximum benefit every three months		\$75 maximum benefit every three months

Prescription Drugs

Benefits	Aetna Medicare Value (PPO) H5521-195 Preferred/Standard		Aetna Medicare Premier (PPO) H5521-150 Preferred/Standard
Gap Coverage	Yes Tier 1 & 2		Yes Tier 1 & 2
Rx Deductible	\$200 Deductible does not apply to Tier 1, Tier 2, Tier 3 drugs.	N/A	\$200 Deductible does not apply to Tier 1, Tier 2, Tier 3 drugs.
Tier 1 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$0/\$15 \$0/\$45 \$0/\$45	N/A N/A N/A	\$0/\$15 \$0/\$45 \$0/\$45
Tier 2 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$0/\$20 \$0/\$60 \$0/\$60	N/A N/A N/A	\$0/\$20 \$0/\$60 \$0/\$60
Tier 3 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$47/\$47 \$141/\$141 \$141/\$141	N/A N/A N/A	\$47/\$47 \$141/\$141 \$141/\$141

Benefits	Aetna Medicare Value (PPO) H5521-195 Preferred/Standard		Aetna Medicare Premier (PPO) H5521-150 Preferred/Standard
Tier 4 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$100/\$100 \$300/\$300 \$300/\$300		\$100/\$100 \$300/\$300 \$300/\$300
Tier 5 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	29%/29% N/A N/A		29%/29% N/A N/A

Aetna is the brand name used for products and services provided by one or more of the Aetna group for subsidiary companies, including Aetna Life Insurance Company, Coventry Health and Life Insurance Company and their affiliates (Aetna).

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPS also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

Members in our HMO POS/PPO plans can go to doctors, specialists or hospitals in- or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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